

North Carolina Mental Health Planning and Advisory Council
Royster Building, Room 210, Dix Campus
January 5, 2007
10:00 a.m. – 3:00 p.m.
Meeting Minutes

Members Present: Jeff McLoud, Sheila Wall-Hill, Terri Shelton, Libby Jones, Dorothy Best, Katie Sawyer, Mary Edwards, Dan Fox, Mary Recca Todd, Emily Moore, Beverly Varner, Tisha O'Neal Gamboa, Amy Smiley (Laura White), Esther High, Lucy Dorsey, Diann Irwin, and Kelly Jones joined the meeting by phone. **Others:** Karen Stallings, Kent Earnhardt, Vendia Currie, Glenn Silver, Debbie Webster, Rhoda Miller, Martha Brock, Debra McHenry, Kelly Crowley, Shealy Thompson, and Joan McAllister. **Staff to Council:** Susan Robinson and Lisa Jackson.

Call to Order/Introductions/Approval of Minutes

Jeff McLoud, Chair of the Council, called the meeting to order and welcomed everyone. Minutes from the November 3, 2006 meeting were approved.

Panel of Speakers

In earlier Council meetings, members prioritized the Community Mental Health Block Grant Criteria in order to frame remaining meetings of the 2006-07 state fiscal year. This January, 2007 meeting focused on Criterion IV, Targeted Services to Homeless Populations. Areas of interest under this criterion include decreasing barriers to services, specifically in the arenas of housing and transitions (e.g., as in transition from child to adult services or across systems). Speakers for today included Debra McHenry from the North Carolina Department of Public Instruction (DPI), Joan McAllister from the North Carolina Division of Social Services (DSS), Mary Recca Todd from the North Carolina Housing Finance Agency (HFA), and Debbie Webster and Glenn Silver from the North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS).

Joan McAllister (DSS), State Program Coordinator for NC LINKS, spoke first about transition needs for children and youth, especially those who have been in foster care placements. Nationally, it is estimated that approximately 1/4 to 1/3 of the homeless population has been in foster care. If youth aren't able to finish school and get a job, they are more likely to end up homeless. The biggest and most critical piece in transitioning children and youth from foster care to adulthood successfully is the support system. Support systems often include extended family, employers, and neighbors. The North Carolina Division of Social Services' LINKS Program provides resources and services designed to help foster youth successfully transition to adulthood. The desired outcomes for participants in this program include: a safe and stable place to live; sufficient income to meet daily needs; adequate education and vocational training to secure employment; avoidance of high risk behaviors; postponing parenthood until emotionally and financially stable enough to parent; a personal support network of at least 5 caring adults who are willing to commit to a long-term relationship with the young adult; and access to needed health care. This program is funded by federal funds (Chafee Foster Care Independence Act), matched with state dollars and in-kind match and is for youth, ages 13-21 who are or were in foster care as teens. Counties must pay up front and then get reimbursed for activities related to one of the outcomes as listed above. These funds can be used for such things as room and board or the first month's rent and deposit (but not for utilities, vehicles or furniture). For North Carolina, the critical task is to increase focus on the two areas of most concern: single parenthood (For youth leaving foster care, the rate for becoming a single parent is 22.2% .) and homelessness.

Debra McHenry (DPI) spoke about the McKinney-Vento Homeless Education Act and discussed definitions and statistics related to that law. The phrase "Homeless children and youth" in this sense of this law refers to those individuals lacking a regular fixed and adequate nighttime residence, children awaiting foster care placement, runaways, and children not in the custody of their parent or guardian. In 2001 it is estimated that the number of children and youth who were homeless was at least 1.35 million.

Children who are homeless have increased medical/health problems: two times as many ear infections, four times as many asthma attacks, six times as many speech problems, with 20% of preschoolers having emotional problems serious enough to require professional care, and 47% of school age children having problems such as anxiety, depression, or withdrawal, compared to 18% of other children. Homelessness also impacts children in their ability to learn: they are four times as likely to have developmental delays, two times as likely to have learning disabilities or be suspended; reading skills usually lag and there are gaps in their knowledge base. They have high absenteeism rates, poor nutrition, inadequate school supplies and are less likely to be promoted in school (retained at two times the rate of peers with adequate housing). Issues to consider at the State level include how to better transition these children and youth from residential facilities, focusing on parents and students who don't receive services which leads to their eviction, and the lack of housing for adolescents, including services like independent living preparation.

Debbie Webster (DMH/DD/SAS) spoke about the Projects for Assistance in Transition from Homelessness (PATH) programs in North Carolina. PATH has been in North Carolina for about the last 15 years. Debbie has been the PATH Coordinator for the Division for over seven years and provides technical assistance for the PATH program staff and monitors the expenditures of PATH funding. In the SFY 2005-06, there were 14 PATH programs, three of which were for children/youth; the State received \$943,000 in funding for PATH programs. The total number of adults receiving outreach services is 4,419. Also, in SFY 2005-06, outreach was provided to 247 individuals, age birth to 18 years. Fifty-seven new children/youth were enrolled. The PATH Programs in North Carolina target people with mental illness who are living in the woods, abandoned buildings, or short term shelters (those shelters that offer a bed for the night but do not guarantee that it will be available for the next night). These settings are consistent with the definition of "literal homeless." Of children and youth enrolled with PATH, the largest age group represented is the *under 13 year old* group. In terms of adults, the largest group of PATH participants is the *35-49 year olds*. PATH can also serve veterans or people with co-occurring disorders. PATH funds enable program staff to help stabilize the consumers in housing and assist them in taking care of medical needs with the goal of engaging them in needed mental health treatment services when referred. There are also Peer Support Specialists available in six PATH Program areas: Asheville, Raleigh, Durham, Wilmington, Fayetteville, and Winston-Salem. PATH has made great strides recently in reaching those individuals who have been homeless for 15 years or longer.

Glenn Silver (DMH/DD/SAS) is the Housing Coordinator for the Division. He has a background in working with housing issues at a local level and now in his capacity as Housing Coordinator, he provides technical assistance and leadership in the planning, development, and expansion of affordable, supportive housing for persons served by the DMH/DD/SAS system. He assists Local Management Entity Housing Specialists in developing and maintaining collaborative relationships with such stakeholders as community service providers, low income housing developers, public and private housing agencies, advocacy groups, and others for the purpose of developing housing resources and options. Glenn also assists in the implementation of the Real Choice Systems Change Grant, which provides rental assistance through making bridge funding available. This grant requires that applicants pursue Section 8 housing. Fair Housing Laws make housing accessible now for those with substance abuse diagnoses. The DHHS Housing Workgroup and the North Carolina Housing Coalition are working together to develop an Affordable Housing Primer that will be available later this year to assist consumers, advocates and staff in developing and accessing affordable, supportive housing at the local level. There is a federal grant known as the Community Development Block Grant (available from the US Dept. of Housing and Urban Development). Cities with populations of 50,000+ get these funds directly from HUD; cities with populations less than 50,000 apply for these funds through the North Carolina Dept. of Commerce, Division of Community Assistance. These grant funds may be used for things like housing rehabilitation, water development, HUD projects, etc. The Key Program is an initiative that provides rental assistance for persons with disabilities in targeted Low-Income Housing Tax Credit units that were funded in 2004, 2005, and 2006. (Editorial note: Glenn mentioned working on an upcoming communication bulletin regarding housing when he spoke to the Council on this date; the following is a link to that

Mary Reca Todd from the North Carolina Housing Finance Agency spoke about the need for supportive housing in our State. In fact, the State's largest source of funds for financing supportive housing comes from the North Carolina Mental Health Trust Fund (North Carolina's only state-funded and state-designated resource for financing affordable housing which was created by the General Assembly and managed by the NC Housing Finance Agency). Supportive housing offers some people opportunities to live in residential settings as opposed to institutions. Supportive housing funds can be used in emergency housing environments to repair domestic violence shelters and emergency shelters for families, to provide housing for people coming out of correctional facilities with substance abuse issues, and to provide transitional housing for those individuals with mental illness leaving institutional settings. The concept behind Supportive Housing is to serve the most vulnerable and least self-sufficient and provide a definitive link to support services. Mary Reca gave an example of a new 12-unit licensed facility for individuals with Developmental Disabilities. This is a well-designed group home with supportive services in place which is operated by a non-profit organization and cost \$1.3 million dollars. More types of this housing are needed, but funding remains an issue. The Housing Trust Fund can also finance large housing rehabilitation projects and other projects in which urgent repairs will result in making a home livable and safe. The Housing 400 Initiative is the missing link to providing operating assistance and can do gap financing for Section 8 housing. Operating costs may include such expenses as utilities, insurance, and maintenance fees, which may run anywhere between \$250-\$350 per month. Following is the link to the North Carolina Housing Finance Agency: <http://www.nchfa.com/index.aspx> . There will be an upcoming affordable housing website link and classes available on this topic with a reasonable accommodation guide serving as the textbook for the classes.

Election of New Officers

Nominations were taken for the office of Vice Chair; Sheila Wall-Hill was elected as Vice Chair, with Kelly Jones being nominated and approved by the members of the Child Sub-Committee to serve as Chair of that Sub-Committee (a position previously held by Sheila), with Terri Shelton serving as Kelly's back up in the chairing of the Child Sub-Committee.

Change in Survey Methodology

Shealy Thompson, Team Leader, of the Quality Management Team, spoke to the Council today regarding the recent (late November, 2006) change in the summarizing of input from the North Carolina Consumer Satisfaction Survey. Shealy explained that the major change in the survey methodology is what constitutes a positive response, based on how the consumer responds to the survey questions. This change was the result of an effort to better align North Carolina's data information and implementation reporting process with federal and state protocols. Due to this change, the results were a lower percentage for some of the consumer survey question responses. The North Carolina Community Mental Health Block Grant goals will be modified to adjust for this change in the survey methodology. Shealy discussed some other options in terms of changing frequency and manner in which the Consumer Satisfaction Surveys are delivered and she indicated that she would return to the Council to gather their input about the Survey once more definitive changes have been planned.

Committee Meeting Reports

Adult Committee:

Debbie Webster, Glenn Silver, and Mary Reca Todd met with the Adult Sub-Committee to continue to discuss homelessness and housing issues and to answer Council members' additional questions. PATH funding has been cut but it can be used to cover salaries for Peer Support positions in the PATH programs. Individuals in these positions must have had mental illness and be in recovery and must also have experienced homelessness. PATH programs provide outreach and can also assist in helping the homeless get connected with legal aide/legal services. Other issues discussed included the cost of homelessness and how costs are increasing to serve the homeless, especially those who are chronically

homeless. There was a question regarding felony convictions and obtaining Section 8 housing; local housing regulations are prohibitive in nature in terms of convicted felons getting Section 8 or public housing. In regards to major collaboration on a joint agency basis, funding from the North Carolina Housing Finance Agency's HOME Match funds and the Mental Health Trust Fund, will be used in the Key Program to make approximately 700 rental units affordable for 10 years (conservative estimate). Recommendations and input from the Adult Sub-Committee for the SFY 2007-08 Community Mental Health Block Grant Plan included the following highlights:

- Approval of the efforts going on around the State in terms of housing initiatives, such as the Housing 400 Initiative.
- Adult Committee members were especially supportive of the Key Program which provides bridge funding or operating funds as a form of rental assistance. This type of support helps cover the gaps between someone's current financial resources and what is needed to pay the rent.
- Specific areas of Adult Committee focus and interest in housing options are: housing for those in recovery, housing for survivors of domestic violence (either permanent or transitional—beyond emergency shelters), CASA programs for women and children (education for women in CASA to have on-going training/education/support for substance abuse issues and parenting), and Oxford House programs for those in re-entry from the prison populations back into the community.
- Support DMH/DD/SAS efforts to have Peer Support positions in the PATH programs.

Child and Family Committee:

Debbie Webster and Debra McHenry met with the Child and Family Committee to continue to discuss homelessness and housing issues and to answer Council members' additional questions. Homelessness for children and youth is a complex problem with many contributing factors, such as unidentified and untreated mental health and/or substance issues of the parents and denial of these problems which may result in loss of a job, and eventually getting evicted and lack of ability to get housing. Children who are homeless often have problems with school, such as an increase in the number of suspensions, etc. This cycle of poverty and fragmentation in care often results in a deteriorating process with lack of ample opportunities for intervention. There is variability in what constitutes the definition of "homeless." The homeless population is "invisible" in terms of being difficult to track. The link to the McKinney Vento Homeless Education Act is <http://www.ncpublicschools.org/federalprograms/titleX/>. The committee discussed looking more closely at the definitions and gaps in available data between agencies, variation in the manner in which data is collected between agencies, and the need to develop a centralized database. Some ideas discussed included accessing data from the Division of Social Service's foster care system, school systems, other local networks, and comparing how this data overlaps with local Continuity of Care counts. One idea involved the concept of a medical passport that the child could carry and would follow the child regardless of custody or location and provide vital information about the child. North Carolina, and Texas are the two states to use PATH funds for outreach and linking of children and youth to social services. In state fiscal year 2006, \$150,000 of the \$943,000 PATH funds served children and youth. Housing and transition planning needs to be discussed during child and family team meetings as the Person Centered Plan is being developed.

Additional information on the following will be obtained: the number of children/youth w/special needs/disabilities served thru LINKS; written report of PATH data for adults and children served; **obtain information on the** Girls Alliance (Judy Julian) **and the** Durham transition policy for 15-25 yr olds (Terri Grant).

Recommendations and input for the SFY08 Plan from the Child and Family Committee included the following highlights:

- Suggest the DMHDDSAS require "transition plans" as an integral part of the Person Centered Plan guidelines. Transition plans should be required in addition to crisis plans.

- Establish transition planning standards or guidelines, such as those for crisis planning could be laid out with developmentally/age appropriate focus in Division MHDDSAS policy.
- Link this requirement with other systems who must do transition planning and coordinate transitions thru child and family team planning when developing the PCP (IEP, Child and Family Services Agreement, probation, Individual Health Plans, etc.) For DPI, Exceptional Children – transition planning begins at 14 yrs.; federal IDEA requires transition planning begin at 16 yrs. For children in DSS custody/foster care, coordinate with LINKS transition plan.
- Include training and education on crisis AND transition planning as a part of the Child and Family Team/Person Centered Planning process. Use existing resources, such as sample curricula Terri Shelton and Bibba Dobbins developed and a family guide to transition planning.
- Develop family/youth ‘how to’s’ guide regarding transition planning. In addition to involving youth/families who have gone thru transitions, involve families who have been homeless. Pull together in one document, the definitions of homelessness and transitions. Include inventory list of resources, contact information, funding, web links for consumer information. This could be distributed widely through family/youth networks and child serving agencies/organizations. A mechanism to update this resource guide would be needed.
- Support the Division MHDDSAS and DPI efforts in developing an MOA that outlines expectations for delivery and coordination of community based services for school age children, including transition planning.
- Promote use of the workbook developed by DPI and Division MHDDSAS/DHHS to help with transition planning for children receiving community based services to community support services. While the document was designed for transition planning from old to new services, this guide offers good basic tips on ‘how to’s’ and references to state and federal laws and state, regional and community resources to help families/legal guardians, schools, LMEs and providers work together to help each child be successful. To date, outcomes have been positive in use of this document and process outlined.
- Suggest the State Collaborative’s Committee on Youth in Transition to consider outlining strategies to address effective child find for those who are homeless across agencies and coordinate referrals effectively? Consider differences in outreach to older youth vs. younger children with their families who may be homeless or in transition.
- Look at data trends on those who are 16/17 –what services they are receiving and those who are 18-25 – what services are they receiving, if possible across agencies? Try to follow same youth aging from 17 to 18 and look at services received within same year period. Look at IPRS data on those who are in the transition target population as a count of need/response.

Wrap-Up

Jeff asked the Council to consider having the National Association of Mental Health Planning and Advisory Councils (NAMHPAC) send trainers to North Carolina for a follow-up to training that was initially provided in March, 2006. This national group offers training and technical assistance to state planning councils. This will be discussed further in the future. Jeff thanked everyone for their attendance, mileage reimbursement forms were completed, and Jeff adjourned the meeting.